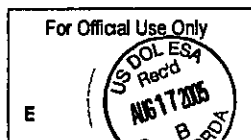


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9453</u>	2 Fiscal Year Covered From <u>07</u> / <u>01</u> / <u>2004</u> Through <u>06</u> / <u>30</u> / <u>2005</u>
3 Name and address of person filing Name <u>Dennis</u> <u>R</u> <u>Caneyari</u> P O Box Bldg Room No if any <u>Suite 110</u> Street <u>2840 El Centro Rd.</u> City <u>Sacramento</u> State <u>CA</u> ZIP Code + 4 <u>95833</u>	4 Name file number and address of labor organization Name <u>Sheet Metal Workers Intl. Assoc.</u> Labor Organization File Number <u>162</u> <u>021990</u> P O Box Building and Room Number if any <u>Suite 110</u> Street <u>2840 El Centro Rd.</u> City <u>Sacramento</u> State <u>CA</u> ZIP Code + 4 <u>95833</u>
5 Position in labor organization <u>Business Manager / President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

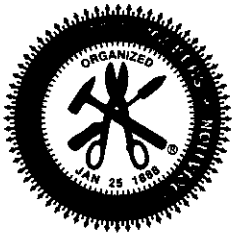
Signed [Signature] On 8-10-05 916 922 1133
Date Telephone Number

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Sheet Metal Workers Fringe Benefit Fund</u> Trade Name if any _____ P O Box Bldg Room No if any <u>1677</u> Street _____ City <u>San Ramon</u> State <u>Calif.</u> ZIP Code + 4 <u>94583</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Reimbursed Airfare, Hotel and meals for Attending International Employee Benefits Conference</u> 11 b Approximate dollar value of such dealing <u>2063.48</u> 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____ 14 b Amount of payment _____
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	



SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL UNION No 162

2840 EL CENTRO ROAD SUITE 110
SACRAMENTO CA 95833
PHONE (916) 922 1133 • FAX (916) 922-2969



August 12 2005

U S Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Ave NW
Washington, DC 20210-0001

Re Form LM-30

To Whom It May Concern

The information contained in the enclosed LM-30 Report is based on my best effort to make good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM 30 Report.

If you have any questions and/or comments please contact me at (916) 922 1133 extension 10.

Sincerely,

Dennis R. Canevari
Business Manager/President

Enclosures

DRC/kav
Open #29 AFL-CIO

District Offices

STOCKTON
2707 East Freemont Street Suite 2
Stockton CA 95205
(209) 939 9375



MODESTO
841 Lone Palm Ave Suite A
Modesto CA 95351 1532
(209) 523 1323



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Fresno CA 93705
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